

BOARD OF EMERGENCY MEDICAL SERVICES OCTOBER 19, 2006

The meeting of the Board of Emergency Medical Services was called to order by Bruce Beins, Chairperson, at 9:06 a.m. The meeting was held at the Holiday Inn Hotel & Conference Center, 4619 South Lincoln Ave, Concord Room, York, NE., 68467. Copies of the agenda had been sent to board members and other interested parties at least ten days prior to the meeting. Roll was taken and the following members were present:

Shawn Baumgartner	Bruce Beins
Michael Buscher	Joel Cerny
Bob Dunn	Dan Hakel
Bob Olson	Clint Rasmussen
Earl Rudolph	Tom Surber (arrived at 9:11 a.m.)

Members Absent: Ron Balthazor, John Doyle, Dave Engler, Ben Lans, Val Snyder, Mike Westcott.

Credentialing Staff present were:

Diane Hansmeyer, Section Administrator
Patty Pierson, Credentialing Coordinator
Pam Harris, Credentialing Specialist

AGENDA

Baumgartner moved to approve the revised agenda. Dunn seconded.

Discussion: none.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph.

Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Surber, Westcott. Motion carried.

APPROVAL OF MINUTES – JUNE 9, 2006

Rudolph moved to approve the June 9, 2006, Board of Emergency Medical Services Minutes. Baumgartner seconded.

Discussion: none.

Voting aye: Rudolph, Rasmussen, Olson, Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner.

Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Surber, Westcott. Motion carried.

Dr Tom Surber arrived at 9:11 a.m.

INVESTIGATIONS REPORTS

Olson moved to go into closed session at 9:12 a.m. for the purpose of protecting the reputation of individuals and reviewing investigation reports. Rudolph seconded.

Discussion: none.

Voting aye: Olson, Rasmussen, Rudolph, Surber, Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott.

Motion carried.

Shawn Baumgartner left the meeting at 9:15 a.m. Returned to closed session at 9:20 a.m.

Joel Cerny left the meeting at 9:30 a.m. Returned to closed session at 9:35 a.m.

Dr Surber left the meeting at 9:37 a.m. Returned to closed session at 9:45 a.m.

Shawn Baumgartner left the meeting at 10:35 a.m. Returned to closed session at 11:00 a.m.

Bruce Beins left the meeting at 11:05 Returned to closed session at 11:10 a.m.

The Board took a short break at 11:10 a.m. The meeting reconvened at 11:20 a.m.

Mike Buscher left the meeting at 11:45 a.m. Returned to closed session at 11:50 a.m.

Returned to open session at 11:51 a.m.

APPLICATIONS FOR LICENSURE

INDIVIDUAL CERTIFICATIONS

Baumgartner moved to approve Jeremy Barber, Anna C. Bosworth, Trevis Kleinow, Andrew I. Cotter, Ben T. Larson, Kevin Maulick, Bonni A. Meckel, John Tyrcha, and Parl C. Robinson, Jr., to practice as certified emergency medical technicians; Clint Baker and Brady J. Papik to practice as certified emergency medical technician paramedics; Troy Skelton to practice as a certified emergency medical technician instructor. Olson seconded.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Baumgartner moved to approve Destry Oxford to practice as a certified emergency medical technician and have the Department administer the Administrative Penalty based on runs that he had made. Olson seconded.

Discussion: none.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Olson moved to issue Christopher Bauer a probationary certification for two years to practice as a certified emergency medical technician with the following condition: 1. Provide notice of the probation requirements to any emergency medical service for which he provides emergency services; 2. Provide written notification within seven (7) days of any change in your service affiliation; 3. Provide written notification within seven (7) days of any change in residence; 4. Provide all reports, notices and other documentation as directed by the Department; 5. Promptly respond to all requests and inquiries by the Department concerning your compliance with the terms of probation; 6. Obey all state and federal laws and the rules and regulation regarding the practice of Emergency Medical Services; 7. Report any personnel action regarding your service taken by your chief officer or service affiliation, while providing services as an emergency medical technician; 8. Pay any costs associated with insuring compliance with this probation. The reason

for this probationary certification is based on the following: 1. Driving Under the Influence on 5/4/2001; 2. Failure to report multiple convictions. Rudolph seconded.

Discussion: none

Voting aye: Olson, Rasmussen, Rudolph, Surber, Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott.

Motion carried.

Olson moved to deny Bradley J. Palu's application for a certificate to practice as an emergency medical technician because of multiple convictions and misrepresentation on his initial application. Surber seconded.

Discussion: none.

Voting aye: Olson, Rasmussen, Rudolph, Surber, Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Olson moved to deny Karla Lea BaShara's application for a certificate to practice as an emergency medical technician because of previous discipline and revocation of her nursing license. Baumgartner seconded.

Discussion: none.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Surber, Rudolph, Rasmussen, Olson. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

SERVICES

Baumgartner moved to approve BD Emergency Medical Response Team as a Basic Life Support Non-Transport Service pending the Department receiving copies of their quality assurance program and equipment list signed by their physician medical director. Rudolph seconded.

Discussion: Bruce Beins did the site visit. This is a manufacturing plant located in Holdrege. Beins stated that they were missing their quality assurance program and their equipment list signed by their physician medical director. Once these two items are received by the Department, they meet the current requirements.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Rudolph moved to approve City of Scottsbluff Fire as an Advanced Life Support Non-Transport Service. Dunn seconded.

Discussion: Shawn Baumgartner did the site visit. Baumgartner stated that they work very close with the Valley Ambulance Services in Scottsbluff. They had everything in order and meet the current requirements.

Voting aye: Olson, Rasmussen, Rudolph, Surber, Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Rudolph moved to approve Union Medical Services as an Advanced Life Support Transport Service. Baumgartner seconded.

Discussion: Bob Olson did the site visit. Olson stated that they are currently licensed as an Advanced Life Support Non-Transport Service and now would like to become a transport service. They had everything in order and meet the current regulations.

Voting aye: Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner, Surber, Rudolph, Rasmussen, Olson. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Rudolph moved to approve MARC Rescue Squad as a Basic Life Support Non-Transport Service. Baumgartner seconded.

Discussion: Bob Olson did the site visit. They are located at the U.S. Meat Animal Research Center in Clay Center, Nebraska. Their personnel consist of EMTs from the surrounding ambulance services in the area. They had everything in order and meet the current regulations. Voting aye: Olson, Rasmussen, Surber, Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Rudolph, Snyder, Westcott. Motion carried.

Rudolph moved to approve McCool Junction Volunteer Fire Department as a Basic Life Support Non-Transport Service. Baumgartner seconded.

Discussion: Bob Olson did the site visit. Olson stated they had everything in order except for three items. They have sent those items to Bob Olson and now meet the current requirements. Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

Bob Olson, Chairperson of Site Visit Committee, reported that Platte Center had requested to change their license to a Basic Life Support Non-Transport Service. As long as their physician medical director agrees, the Department will change their license type. Olson stated they have a signed transport agreement with Columbus Fire Department.

TRAINING AGENCIES

The Department has not received an application at this time; therefore, the item was tabled.

PUBLIC COMMENT SESSION

Bruce Beins, Chairperson, "Welcomed" everyone to the board meeting.

Todd Gilkison introduced himself and stated that he worked for Emergency Medical Service, Inc. in Lincoln, Nebraska and was the physician surrogate for Dr Roundsberg, Physician Medical Director. Gilkison stated that he is here today at the board meeting with Dan Hughes of Lincoln/Lancaster County Health Department. He further stated that they are here to address the issue of the Mark-1 Kits. This issue was brought to the Board at the January 20, 2006, board meeting by Leo Benes, Lincoln Fire and Dan Hughes of Lincoln/Lancaster County Health Department. The Board was going to do some research to see if there was some kind of rule and regulations regarding Homeland Security.

Gilkison stated that before he asked the physician medical director for approval to implement the Mark 1 Kits in Lincoln, he wanted to make sure who would be able to self-administer or administer these kits.

Bruce Beins, Chairperson, stated that he had done some research on this issue to see if there were any changes needed to current rules and regulations regarding the event of an emergency medical response. Beins stated that he spoke with Homeland Security and found that basically there was no rule and regulations dealing with emergencies.

Diane Hansmeyer, Section Administrator of Credentialing Division, stated that the Department asked the Legal Staff regarding this issue of who could or could not administer MARC 1 Kits. The Department's Legal Staff stated that since the MARC 1 Kit contains drugs paramedics would be the only ones able to administer the MARC 1 Kit. The problem with an EMT administering the MARC 1 Kit is that the administration of drugs is not within their scope of practice. To allow the administration of the MARC 1 Kit by an EMT, this would need to be added to the EMT practice and procedures. This would also require an additional training module.

Bruce Beins, Chairperson, assigned the Out-Of-Hospital Personnel Committee to review this issue for potential changes to current rule and regulations. The Out-of-Hospital Personnel Committee will bring their recommendations to the next board meeting.

Shane Mohr, of Life Net, and Doug Wulf, of Good Samaritan, informed the Board that Air Medical Services has developed the Nebraska Association of Air Medical Services. They are in the final stages of being recognized by National. The question was asked if all air medical services are members of the association. Mohr stated there are five programs in the State of Nebraska and all are members of the association. One of the goals of the Nebraska Association of Air Medical Services is to develop rules and regulations for air medical services. The Association feels there are certain safety and care standards that all air medical services should maintain. The question was asked if all the air medical service programs hold the Commission of Accreditation for Air Medical System (CAMTS). Mohr stated four of the air medical service programs hold CAMTS and the other is in the process of getting this certification. The CAMTS process takes a year to two years to have every thing in place for the site visit and it becomes extremely expensive. The CAMTS is voluntary process. The Nebraska Association of Air Medical Services will be reviewing the Commission of Accreditation for Air Medical System standards and other State's standards when developing their rule and regulations. Bruce Beins, Chairperson, asked Shane Mohr and Doug Wulf of the Nebraska Association of Air Medical Services to bring a model of their regulations for the Board's review. The Board would be interested in how the Association would want to be regulated. Beins explained to the public that in the current rule and regulations air medical services are treated as an Advanced Life Support Service with the only difference of having their air craft inspected instead of an ambulance unit.

Joe Lliteras, member of the Nebraska State Volunteer Fire Association, "Thanked" the Board for holding the board meeting in conjunction with the Nebraska State Volunteer Fire Association Conference.

Daniel Hawkins of Wymore Rescue stated an issue that is becoming a concern is who is responsible to provide emergency medical services to the public. He asked is it the city, county or individual ambulance service. Shawn Baumgartner explained that unfortunately in the State of Nebraska no entity is charged with having the responsibility to provide emergency medical services. The problem becomes that once an ambulance service offers emergency medical services to the public it could become a civil matter. At a State statute standpoint no one has that ultimate authority to make sure emergency medical services is provided. Baumgartner stated that this issue is a recognized problem and hopefully in the next few years through legislative effort it will be corrected. Baumgartner stated that in the current rule and regulations all services are required to have a backup plan if they are not able to respond to an emergency medical service call.

Dean Cole, EMS Programs Administrator, stated that the County Board of Gage County, the Community of Beatrice and the Mayors of towns in other communities in Gage County will be holding a joint meeting to address this issue. The primary meeting is scheduled on November 13,

2006. The State will be doing an assessment for Gage County. The State will have an assessment team make recommendations and then the County will appoint representatives from the consumers to public officials to review those recommendations. Diane Hansmeyer, Section Administrator, pointed out to Mr. Hawkins that there is a liability statute in the Emergency Medical Services Practice Act that deals with liability for the out-of-hospital emergency care providers.

Lonnie LaRue of Meadow Grove Rescue asked the question if the Board had any suggestions on the First Responder Transporting Issue. Bruce Beins, Chairperson, explained that the Board was not in favor of first responders transporting patients. The reason the Board is not in favor is because first responders are not currently trained in the transporting of patients. The Board keeps reviewing the recruitment/retention issues. There is procedure for making a major scope of practice change like first responders transporting patients. LaRue stated that he felt there would be several first responders that would be willing to take a couple of training modules for the transporting of patients. Beins stated that he felt it could take many hours of training. He also stated that no other States allow first responders to transport patients so there is no model that could be reviewed. Every thing is still open on this issue and that Senator Flood may reintroduce the bill in the legislative session this year. Joe Llitera, member of Nebraska State Volunteer Fire Association, stated that the Executive Committee of the Nebraska State Volunteer Fire Association would be willingly to meet with the Board on this issue. Beins stated that the Board will be working on arranging a meeting with several associations to work further on this issue.

Kendell Cerny, member of Professional Ambulance Association of Nebraska, presented the Board a pamphlet for the Professional Ambulance Association of Nebraska. (Attachment A) This pamphlet lists their Mission Statement, Goals, Officers, and Board of Directors. The Board of Directors has a member from each region.

Bruce Beins, Chairperson, "Thanked" everyone for coming and encouraged the public and associations to attend future Board of Emergency Medical Services Meetings.

The Board took a short break at 2:05 p.m. The meeting reconvened at 2:13 p.m.

EMS UPDATE

Dean Cole, EMS Programs Administrator, reported that through the Federal Office of Rural Health Critical Access Hospital Fund, EMS Programs has been able to send six individuals through the American Ambulance Association Management Program. The American Ambulance Association Management Program is a very intense eight week program that deals with billing, system management, etc. These individuals trained will be able to assist Nebraska Licensed Ambulance Services with the process of billing and system management. EMS Programs hopes to receive extra funding for approximately four more individuals to take this training. EMS Programs staff is currently working with the ambulance services that are not charging for their services to begin charging.

EMS Programs is working with EMS Assessments. The funding for EMS Assessments is through the Office of Rural Health. EMS Assessment is working with communities to develop an EMS System in their area in cooperation with their hospitals. EMS Programs is encouraging ambulance services to work with Critical Access Hospitals in their area.

Cole stated he also wanted to make the Board aware that some hospitals are going to be developing Advance Life Support Services based in their hospital. The hospitals have had some concerns regarding inter-facility transfers. Some of the hospitals are also looking at contracting

with private ambulance services. Several of the hospitals are now sharing advanced out-of-hospital emergency care providers for inter-facility transfers. They may also send an "intercept vehicle" to assist with emergency calls. The intercept vehicle is staffed with a paramedic. Cole suggested that the Board in the future might need to review these intercept vehicles to see if there is a need for regulations.

In the next two to four years, Medicare will require all ambulance services to document what services were performed to receive reimbursement. Medicare will want ambulance services to utilize electronic documentation.

Cole stated another issue he wanted to make the Board aware of is regarding eNARSIS and the Trauma Registry. Trauma Registry software is currently being developed. The eNARSIS software will be compatible to the new Trauma Registry software. The problem is that since the State of Nebraska purchased eNARSIS, the State of Nebraska is considered the vendor and the owner of eNARSIS. Currently by statute, eNARSIS and Trauma Registry can not share information. There are three solutions to this problem that are being reviewed. Those solutions are 1. Policy Cabinet agreed there is a need to change the law of confidentiality in better sharing of information, this would take a legislative change; 2. Have an agreement for the releasing of information from the State between the ambulance services and the Trauma Centers; 3. Image Trend, the State's vendor, contract with each ambulance service that is using eNARSIS. Shawn Baumgartner suggested to Dean Cole, EMS Programs Administrator, when reviewing a statute change regarding confidentiality to review the Treatment, Payment and Other Health Care Operations Definitions from HIPPA.

Cole reported that the Board may need to review the issue of having some kind of governmental body or over-cite body for ambulance services so they are answerable to someone. The governmental body or over-cite body could provide services with support so that the services are not out there all alone. There may also be a need to review protocols for the tiering issues so that services can work together instead of against each other.

PROPOSED CONCEALED HANDGUN REGULATIONS

A public hearing was held on August 9, 2006. Bruce Beins, Chairperson, provided testimony. The Hospital Association testified on the definition of hospitals and trauma centers. There was a lot of testimony about the course. The final draft is now out. The rules and regulations are supposed to go into effect January 1, 2007. The final draft does not allow an ambulance service as a prohibited place for a concealed weapon. An individual only has to let an ambulance service know that they have a concealed weapon if the ambulance service is providing treatment. Beins stated that there may be a need for continuing education on the concealed handgun regulations for all services. Diane Hansmeyer, Section Administrator, suggested that if the Board felt they had some strong issues regarding the concealed handgun regulations a letter could be written to the Governor's office addressing those issues. They have not been approved by the Governor at this time. The statute has some imperfections and some of the changes could not be made because the statutes were specific. Since the concealed handgun regulations have been written, the statutes will be cleaned up with the definition of hospitals and trauma centers.

EMS SERVICE SELF-INSPECTION

Diane Hansmeyer, Section Administrator, stated that she had volunteered to assist the Training Agencies and Service Programs Committee in the wording for EMS Service Self Inspection Form to be used by ambulance services. Hansmeyer stated that she had not been able to complete the wording and send it to the committee due to time conflicts. Bruce Beins, Chairperson, tabled this issue to the next board meeting.

NURSE'S SCOPE OF PRACTICE COMMITTEE

This issue is tabled for the next board meeting to see if John Doyle has any further information.

ULL REWRITE

Baumgartner moved that the Board provide testimony at the public hearing in support of the Uniform Credentialing Act except for changing the three year renewal period to a two year renewal period. Rudolph seconded.

Discussion: Diane Hansmeyer, Section Administrator, stated that the Board should have received an informational packet from the Department regarding the ULL Rewrite that will be a bill in January. The Department got approval from the Governor's office to go forth with this legislation. The bill covers one hundred and forty pages of the Uniform Licensing Law and all the Practice Acts of all Health Professions and related Health Professions in Nebraska. They changed the name from Uniform Licensing Law to Uniform Credentialing Act.

The Uniform Credentialing Act will change the EMS Practice Act the term "certificate" to "license". The Governor does not want to add another public member to this Board because it adds costs. The bill does change the term to five years so that is it consistent with the length of terms on other Boards. The Board will adopt rules and regulations that are specific to Emergency Medical Services instead of recommending rule and regulations. It will give the Board more authority in terms of adopting specific kinds of rule and regulations. A statute was added to the EMS Practice Act to allow the eighteen years of age requirement because the age of majority in the State of Nebraska is nineteen years of age. It will change the renewal period from a three year renewal to a two year renewal to be consistent with other professions. The Board will have the right to change the number of required hours for continuing education in rule and regulations to mirror the renewal change, for example an EMT would need twenty hours to renew instead of the thirty hours that is now required. The legislation would also add the Board's request for the exemption to allow students under the supervision of licensed out-of-hospital emergency care provider to perform emergency medical services as long as they are doing training to meet the DOT education requirements.

The Board of Emergency Medical Services will remain appointed by the Governor. There is no term limit for this Board.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph.
Voting nay: Surber. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

DOT SCOPE OF PRACTICE GUIDELINES

Shawn Baumgartner reported to the Board that the National EMS Scope of Practice is going to have a sufficient change especially to the Intermediate 99. It goes back more to the Intermediate 85. In the future, the DOT will be going to an educational set of guidelines instead of the uniform set curricula that is now being used. Baumgartner would like this Board to take a proactive approach to the many changes. There is a need to review the research on scope of practices as what is good and safe for patients. Baumgartner suggested creating a committee whose only task would be to work with EMS Programs and the Department on the new changes for development of new rule and regulations. It was felt this process should be started now. There may be a need for a statute change. The National Registry Examinations is moving toward the National EMS Scope of Practice as these new guidelines are being developed. The question then becomes how Nebraska would test the student's competency if they are not testing over what their scope of

practice is. If their scope of practice is limited then it becomes as to why they are being taught a scope of practice if they can not use that scope of practice in the field.

Bruce Beins, Chairperson, created the Scope of Practice Committee. He appointed Shawn Baumgartner as Chairperson of that committee. Beins also appointed Earl Rudolph and Dr Surber to be on that committee.

SELF-MEDICATION PUMPS

Shawn Baumgartner stated that the self-medication pumps are becoming more frequently used in today's society. The self-medication pumps become an out-of-hospital-emergency care provider scope of practice issue. The question is there something that needs to be addressed in the current rule and regulations. Bruce Beins, Chairperson, assigned the self-medication pump issue to the Out-of-Hospital Personnel Committee for review and to bring their recommendations to the Board.

EXTRA HANDS GUIDELINES

Cerny moved to adopt the "Extra Hands Guidelines". Baumgartner seconded.

Discussion: The sample copy of the "Extra Hand Guidelines" was presented to the Board at the June 9, 2006, board meeting. These guidelines are a tool for services when using non-certified personnel at an emergency call. These guidelines can be sent to services and be placed on the Department's web site. Earl Rudolph asked if the Board had any further input. The Board felt the guidelines were in order.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

RULES AND REGULATIONS

PATIENT CARE RECORDS -12.003.04 ITEMS 23 & 24 (ADULT/PEDIATRIC GLASCOW COMA AND TRAUMA SCALES)

Shawn Baumgartner moved to amend his original motion to approve the clarification that the use of glasgow coma scale and revised trauma scale are the separate part of process in the expected standard of care and that the Board supports the expected standard of care. Buscher seconded.

Discussion: It was felt by the Board that since glasgow coma scale and revised trauma scale is not listed in the curriculum or part of scope of practice in the current rule and regulations and is required data sets there needs to be a record of support from the Board in the minutes for the expected standard of care and the out-of-hospital emergency care providers performing these skills.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Surber, Rudolph, Rasmussen, Olson. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott.

Baumgartner moved to have Garry Steele, EMS Training Coordinator, and EMS Programs send a letter to all training agencies requesting that the training agency cover the glasgow coma scale and revised trauma scale in the curriculum and for the Board to develop language to address this issue for the practice and procedures in the current rule and regulations. Buscher seconded.

Discussion: Shawn Baumgartner stated the Trauma Board was reviewing the draft model protocols and pointed out that glasgow coma scale and the revised trauma scales were not listed.

The Trauma Board would like to use the glasgow coma scale and the revised trauma scale as required data sets. Baumgartner stated that he thought the glasgow coma scale and the revised trauma scale could be used because he felt they were in the current rule and regulations. After further reviewing this issue, Baumgartner found that glasgow coma scale and the revised trauma scale were not in the DOT curriculum for any of the out-of-hospital emergency care provider levels. Baumgartner stated that he visited with Garry Steele, EMS Training Coordinator regarding this issue. It was felt that a letter could be sent to the training agencies addressing the issue by having the training agencies cover the glasgow coma scale and the revised trauma scale in the curriculum. Baumgartner stated that he felt he would like the Board to look at a regulation that is very broad in nature because there is the Cincinnati Stroke Scale and the Los Angeles Pre-Hospital Stroke Scale that is becoming very popular. The Cincinnati Stroke Scale and the Los Angeles Pre-hospital Stroke Scale are good tools for patient assessment. Shawn Baumgartner volunteered to bring the language to address this issue for the current rule and regulations back to the Board.

Voting aye: Surber, Rudolph, Rasmussen, Olson, Hakel, Dunn, Cerny, Buscher, Beins, Baumgartner, Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

PARAMEDIC/INTERMEDIATES WORKING IN HOME HEALTH CARE

Rudolph moved that the Board at the next opportunity will review and support changes to the current rule and regulations to allow EMTs, Intermediates, and Paramedics to work in hospitals, health clinics and home health care under some kind of entity's supervision. Baumgartner seconded.

Discussion: Diane Hansmeyer stated that she received an email from an individual requesting that the Board review Paramedics / Intermediates working in the field of home health care. The current rule and regulations are specific that a Paramedic / Intermediate may volunteer or be employed at a hospital or health clinic to perform activities within his/her scope of practice within such hospital or health clinic under the supervision of a registered nurse, a physician assistant or a physician. Hansmeyer stated that this would take a statute change. She further stated that the Board could go on record in support of paramedic/intermediate working in home health care. It was stated that the "EMS Agenda for the Future" in rural areas was looking at the EMT/Paramedic/Intermediate being more of an out reach service and providing these services for the aging and the earlier hospital released patients in the rural areas.

Voting aye: Olson, Rasmussen, Rudolph, Surber, Baumgartner, Beins, Cerny, Dunn, Hakel. Voting nay: none. Absent: Balthazor, Buscher, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

EKG INTERPRETATION AS A BASIC SKILL

Baumgartner moved that the twelve lead or three lead EKG Interpretation is not part of the EMT scope of practice except for those EMTs grandfathered that were trained to use manual defibrillators. Rudolph seconded.

Discussion: Diane Hansmeyer stated that she received an email from an individual asking if the Board would consider adding EKG Interpretation to the EMT scope of practice. The Board felt that if an EMT has the signs and symptoms they should have already called the advanced out-of-hospital emergency care providers. The Board felt the EMT could use the tape as an assessment tool only. It was pointed out that there are EMTs that were trained on manual defibrillators and were grandfathered in.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Olson, Rasmussen, Rudolph, Surber. Voting nay: Hakel. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

OUT-OF-HOSPITAL PERSONNEL COMMITTEE

There is nothing new to report at this time.

TRAINING AGENCIES AND SERVICE PROGRAMS COMMITTEE

SERVICE'S BACK UP RESPONSE PLAN

There is a huge variable among services because of the distance of mutual aid tiering and the difficulty of setting a time line for requesting mutual aid tiering. It was suggested that the Board could state in the current rule and regulations that a service's backup plan must have certain requirements. It was suggested that a service's backup plan should define the number of pages and times before backup would be requested. It was also pointed out that some of the services are looking at the Board for guidelines to a number of minutes before backup should be called. It was also suggested that the backup plan could have the approval of the service and the physician medical director. The physician medical director could set the time standard of what he feels would be appropriate for his area. Beins assigned this issue back to the Training Agencies and Service Programs Committee to bring recommendations back to the next board meeting.

FREQUENCY OF TRAINING COURSES BY TRAINING AGENCIES

The current rule and regulations require a training agency to teach at least one course per year. If a training agency does not teach a course during the year then they must explain in a letter as to the reason for not teaching a course. The Board felt there was nothing to change at this time. A question was asked if there was a listing a training agency could review as to the courses and dates an EMS Instructor has taught. It was explained that the State does not have records of the courses that an EMS Instructor has taught. It was suggested that a training agency or service could contact the training agency for references on a specific EMS Instructor.

REVIEW SERVICES AUDIT REQUIREMENT FOR THE COMMISSION OF ACCREDITATION FOR AIR MEDICAL SYSTEMS (CAMTS)

Baumgartner moved in the next set of amendments to the service's current rule and regulations add the wording to the renewal requirement that if an ambulance service has a current Commission of Accreditation for Air Medical Systems (CAMTS) and proof of data being submitted to the State that this meets an ambulance service's audit inspection requirement. Surber seconded.

Discussion: It was felt by the Board that the Commission of Accreditation for Air Medical Systems (CAMTS) superseded an ambulance service audit inspection. CAMTS does inspection every three years. There are continuing education requirements for ambulance services who have a current CAMTS certification. It was suggested that an ambulance would need to show proof of submitting their required data sets to the Department because this would not be something a CAMTS inspection would review. It was decided that the Training Agencies And Service Programs Committee work with the Nebraska Association of Air Medical Services on reviewing the initial requirements of Commission of Accreditation for Air Medical Systems (CAMTS) for further amendments to the current rule and regulations for services.

Voting aye: Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel, Olson, Rasmussen, Rudolph, Surber. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Westcott. Motion carried.

REVIEW ISSUE OF INSTRUCTORS TEACHING OUTSIDE OF THE CURRICULUM

This issue of instructors teaching beyond the curriculum was discussed in a previous training agency meeting and it is going to be brought up again at the November training agency meeting. It becomes a disciplinary issue if a training agency consistently allows instructors to teach out side of the curriculum. It was felt there isn't anything specific regarding the discipline of a training agency in the training agency's current rule and regulations if they continue to allow an instructor to teach outside of the curriculum. It was suggested that this issue could be placed under the instructor's grounds for discipline. Bruce Beins, Chairperson, assigned this issue back to the Training Agencies and Service Programs Committee for further review and to bring recommendations to the next board meeting.

NON-STATE REGULATORY COMMITTEE

Shawn Baumgartner stated that it seems that HIPAA is taking more of an attitude like "let's help get into compliance with these regulations". A major reimbursement change that deals with inter- transports, for example, a nursing home call, which could be a 911 call, transports a patient to a hospital and the patient is released from the hospital then is readmitted back into the hospital within a hundred days with the same diagnosis, Medicare/Medicaid would consider the nursing home as responsible for the ambulance transport. Anyone that has questions regarding HIPAA regulations can contact Shawn Baumgartner or Randy Menninger. Baumgartner reminded the Board that any service who is using a billing agency should make sure their billing agency is aware of the HIPAA regulations because the service would be responsible not the billing agency for any violations. HIPAA could enforce a fine for a violation.

Dr Suber left the meeting at 4:30 p.m.

407 REVIEW / LEGISLATIVE COMMITTEE

FIRST RESPONDER ISSUE

Olson moved to continue with a stakeholders meeting to review who may be authorized to transport patients and after that meeting consider a 407 Review. Baumgartner seconded. Discussion: At a previous board meeting, the Board approved the establishment of a Task Force Committee to work with interested stakeholders to review the first responder issue. Earl Rudolph, Shawn Baumgartner, and Dr. Surber were appointed to this committee. Dean Cole, EMS Program Administrator, and Diane Hansmeyer, Section Administrator, were going to look into funding. Diane Hansmeyer stated that a facilitator could be funded. Bruce Beins, Chairperson, assigned the Task Force Committee to move forward in setting up a first meeting. Hansmeyer stated that the Task Force Committee needs to review if the Board can change rule and regulations or if they need a legislative change. There was discussion that since this is an important issue does this warrant a 407 Review and if the Board should support such review. The committee will be selecting the stakeholders and will be laying out the ground rules. Voting aye: Olson, Rasmussen, Rudolph, Baumgartner, Beins, Buscher, Cerny, Dunn, Hakel. Voting nay: none. Absent: Balthazor, Doyle, Engler, Lans, Snyder, Surber, Westcott. Motion carried.

Mike Buscher left the meeting at 5:03 p.m.

PROTOCOLS / NARSIS COMMITTEE

The draft model protocols were previously sent to each board member. Shawn Baumgartner stated that there are a few spelling errors that will be corrected. He further stated there was one item that he wanted to ask how the Board would like it listed in the draft model protocols. Baumgartner had replaced in the previous model protocols the following of an incident command plan with the National Incident Management System. After some discussion, it was pointed out that in the National Incident Management System refers back to the local incident command plan. The Board decided to leave it at following an incident command plan. The department staff will send a new copy of the draft model protocols along with a mail ballot to each board member.

REVIEW THE CURRENT REQUIRED DATA SET AND THE NATIONAL DATA SET

The Board does not require as many data elements that as listed in the National Data Set. The Board has been asked to adopt the National Data Set. The Board feels that it is hard to obtain the required data on patient care/education/quality assurance and requesting more data would not improve the data.

REAFFIRMATION OF MAIL BALLOTS

Bruce Beins, Chairperson, tabled the reaffirmation of mail ballots due to not having a quorum.

MISCELLANEOUS BUSINESS

TRAUMA BOARD REPORT/STATUE CHANGE ON DATA SHARING

The statute change on data sharing was previously discussed in the EMS Programs Update. Shawn Baumgartner stated that the Trauma Board asked all board members to review their rule and regulations and statutes. There is a big push in getting EMS involved in the Trauma System in all the regions.

NATIONAL REGISTRY TEST CENTERS IN NEBRASKA

Diane Hansmeyer presented the Board a map of the National Registry Testing Sites. (Attachment B). Hansmeyer stated that the yellow dots on the map are pending testing sites. The Department does not approve the tests sites. National Registry for EMTs and Person Vue determine if a location meets the qualifications to become a testing site.

QUESTION REGARDING SURGEON ON BOARD

Diane Hansmeyer asked the Board if they would consider changing the language on the requirement of the surgeon as a board member due to the difficulty of availability of surgeons and surgeons not having time to attend all board meetings. The language could be more of a general nature for example emergency medical service physician medical director. The Department is willing in the ULL Rewrite with the Board's Practice Act to change the language from surgeon to what the Board feels would be appropriate. The Board felt they could support this change and felt there should be one board certified emergency physician and the other two could be physician medical directors. Hansmeyer stated that she will write up the language and then send a mail ballot for the Board's approval because for this to get into the ULL Rewrite it would need to be done before the December board meeting.

OTHER

Bruce Beins, Chairperson, stated that he was directed from the Board to write a letter to the Great Plains Regional Medical Center regarding their concern for requesting more training in emergency vehicle driving. Beins presented a copy of his letter to the Board. (Attachment C). The letter explained that the current rule and regulations require EMS Services to provide emergency vehicle driving every three years and the curriculum for that training is left to the individual services. Department staff will place this letter on board letterhead and send the letter out to Great Plains Regional Medical Center.

There being no further business, Bruce Beins, Chairperson, adjourned the meeting at 5:25 p.m.

Earl Rudolph, Secretary